

Foster Family Home - Corrective Action Report

Provider ID: 1-180054

Home Name: Rhodora Magaoay, CNA

Review ID: 1-180054-4

94-411 Oililua Place

Reviewer: Pamela Perry

Waipahu

HI 96797

Begin Date: 6/25/2020

Foster Family Home

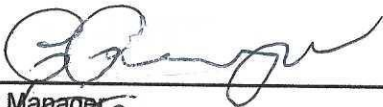
Required Certificate


[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Unannounced visit made on 6/25/20 for a 2 bed Recertification inspection. Home in compliance with all regulations. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

6/25/20
Date

6/25/20
Date